

PATENT APPLICATION SERIAL NO. 10/518858

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

01/03/2005 MKAYPAGH 00000040 10518858

01 FC:1631	300.00 OP
02 FC:1632	500.00 OP
03 FC:1633	200.00 OP
04 FC:1615	600.00 OP
05 FC:1614	200.00 OP
06 FC:1206	40.00 OP

07/25/2005 AJOHNS02 00000011 10518858

01 FC:1642

400.00 OP

Repln. Ref: 07/25/2005 AJOHNS02 0013214100
DAH:132725 Name/Number:10518858
FC: 9204 \$100.00 CR

02 FC:1632

-500.00 OP

PTO-1556
(5/87)

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				10/518858							
1 Date of Request: <u>7-25-05</u>		2 Serial/Patent # _____									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing	1	12/17/04	\$ 100							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 100							
		8 TO BE REFUNDED BY:									
		Treasury Check									
		Credit Deposit A/C #:									
10 REASON:		9									
<input checked="" type="checkbox"/>	Overpayment	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">7</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>			1	3	--	2	7	2	5
1	3				--	2	7	2	5		
<input type="checkbox"/>	Duplicate Payment										
<input type="checkbox"/>	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>A Johnson</u>		TITLE: <u>paralegal</u>									
SIGNATURE: <u>A Johnson</u>		PHONE: <u>308-9140</u>									
OFFICE: <u>PCT</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: